



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C121157

1. DATE OF REPORT  4/14/2012	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE O J STONE FOR COUNTY COMMISSION COMMITTEE	
3. COMMITTEE MAILING ADDRESS 5210 EAST ST CHARLES ROAD CITY / STATE / ZIP COLUMBIA MO 65201	4. COMMITTEE TELEPHONE NUMBER  (573) 881-1200
5. TREASURER'S NAME JIM BECK	
6. TREASURER'S MAILING ADDRESS 2310 FORUM BLVD CITY / STATE / ZIP COLUMBIA MO 65203	7. TREASURER'S TELEPHONE NUMBER HOME:  WORK: (573) 446-2700
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME:  WORK:
11. DATE OF ELECTION 8/7/2012	12. TYPE OF ELECTION ( CHECK ONE ) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 3/26/2012 THROUGH 3/31/2012	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY  O J STONE 5210 EAST ST CHARLES ROAD  COLUMBIA MO 65201  (573) 881-1200  COMMISSIONER  BOONE COUNTY  <input type="checkbox"/> CHECK IF INCUMBENT  <input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input checked="" type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.  ELECTRONICALLY FILED Apr 14 2012 10:21AM _____ TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEES ONLY )  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.  ELECTRONICALLY FILED Apr 14 2012 10:21AM _____ CANDIDATE'S SIGNATURE



# Missouri Ethics Commission

## REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
O J STONE FOR COUNTY COMMISSION COMMITTEE	4/14/2012	

Receipts	A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported		\$ 0.00		
2. All Monetary Contributions Received This Period	\$ 1,200.00			
3. All Loans Received This Period	+ 100.00			
4. Miscellaneous Receipts This Period	+ 0.00			
5. <b>Subtotal</b> Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 1,300.00			
6. In-kind Contributions Received This Period	+ 0.00			
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 1,300.00			
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 1,300.00		
<b>Expenditures</b>	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 0.00		
10. Expenditures made by cash or check this period	\$ 21.30			
11. In-Kind Expenditures made this period	+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00			
13. <b>Total</b> All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 21.30			
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 21.30		
<b>Contributions Made</b>	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 0.00		
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00 B 0.00	← Cash/Check ← Credit Card		
17. All In-Kind Contributions Made This Period	+ 0.00			
18. <b>Total</b> Contributions Made This Period (Sum 16A + 17A)	\$ 0.00			
19. <b>Total All Contributions Made This Election</b> (Sum 15B + 18A)		\$ 0.00		
<b>Other Disbursements</b>	A. This Period	B. This Calendar Yr or Election Cycle		
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 0.00			
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00			
23. <b>Total Other Disbursements This Period</b> (Sum 20A + 21A + 22A)	\$ 0.00			
			<b>Money On Hand</b>	
			24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 0.00
			25. Monetary Receipts this Period (From Item 5 - this page)	+ 1,300.00
			26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 0.00 b) Disbursements By Cash \$ 21.30	- 21.30
			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 1,278.70
			<b>Indebtedness</b>	
			28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
			29. Loans Received This Period	+ 100.00
			30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
			B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
			31. Payments Made on Loans This Period	- 0.00
			32. Debt Forgiven on Loans This Period	- 0.00
			33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
			34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 100.00



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE O J STONE FOR COUNTY COMMISSION COMMITTEE		2. REPORT DATE 4/14/2012	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME: ADDRESS: PAUL FENNEWALD CITY/STATE: 23513 HWY D EMPLOYER: CALIFORNIA MO 65018 <input type="checkbox"/> COMMITTEE: SPECIAL ADVISOR-HOMELAND SECURITY		3/29/2012 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: SHELLY DOMETRORCH CITY/STATE: 12121 W OLD ROCHEPORT RD EMPLOYER: ROCHEPORT MO 65279 <input type="checkbox"/> COMMITTEE: HOOPS UNLIMITED		3/29/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: FRED BLYTHE CITY/STATE: 3800 E BIGGS ROAD EMPLOYER: ASHLAND MO 65010 <input type="checkbox"/> COMMITTEE: RETIRED		3/29/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 1,200.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 0.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 1,200.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$ 1,200.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$ 0.00	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: OJ STONE ADDRESS: 5210 ST CHARLES ROAD CITY/STATE: COLUMBIA MO 65201		3/26/2012	\$ 100.00
NAME: ADDRESS: CITY/STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 100.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 100.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 1,200.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 1,300.00	



**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 Instructions on Reverse Side

Office Use Only

1. Name of Committee O J STONE FOR COUNTY COMMISSION COMMITTEE		2. Report Date 4/14/2012	
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure OFFICE SUPPLIES			21.30
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 21.30
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 0.00
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 21.30
B. Itemized Expenditures All Over \$100 And All Payments To Campaign Workers		9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)
8. Name and Address of Recipient			11. Amount This Period
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
12. Subtotal: This Page ( Sum Column 11)			\$ 0.00
13. Subtotal: Any Attached Pages			+ 0.00
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 0.00
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 21.30
16. Amount of Line 15 Above which was Paid Out This Period			\$ 21.30
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 0.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
C. Contributions Made (Regardless of Amount)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			\$
Name:			<input type="checkbox"/> Monetary
Address:			<input type="checkbox"/> In-Kind
City / State:			
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C121157

1. DATE OF REPORT  7/12/2012	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE O J STONE FOR COUNTY COMMISSION COMMITTEE	
3. COMMITTEE MAILING ADDRESS 5210 EAST ST CHARLES ROAD CITY / STATE / ZIP COLUMBIA MO 65201	4. COMMITTEE TELEPHONE NUMBER  (573) 881-1200
5. TREASURER'S NAME JIM BECK	
6. TREASURER'S MAILING ADDRESS 2310 FORUM BLVD CITY / STATE / ZIP COLUMBIA MO 65203	7. TREASURER'S TELEPHONE NUMBER HOME:  WORK: (573) 446-2700
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS  CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME:  WORK:
11. DATE OF ELECTION 8/7/2012	12. TYPE OF ELECTION ( CHECK ONE ) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 4/1/2012 THROUGH 6/30/2012	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY  O J STONE 5210 EAST ST CHARLES ROAD  COLUMBIA MO 65201  (573) 881-1200  COMMISSIONER  BOONE COUNTY  <input type="checkbox"/> CHECK IF INCUMBENT  <input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input checked="" type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.  ELECTRONICALLY FILED Jul 12 2012 4:57PM _____ TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEES ONLY )  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.  ELECTRONICALLY FILED Jul 12 2012 4:57PM _____ CANDIDATE'S SIGNATURE



# Missouri Ethics Commission

## REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
O J STONE FOR COUNTY COMMISSION COMMITTEE	7/12/2012	

Receipts	A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported		\$ 1,200.00		
2. All Monetary Contributions Received This Period	\$ 5,585.00			
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 0.00			
5. <b>Subtotal</b> Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 5,585.00			
6. In-kind Contributions Received This Period	+ 0.00			
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 5,585.00			
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 6,785.00		
<b>Expenditures</b>	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 21.30		
10. Expenditures made by cash or check this period	\$ 4,384.17			
11. In-Kind Expenditures made this period	+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00			
13. <b>Total</b> All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 4,384.17			
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 4,405.47		
<b>Contributions Made</b>	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 0.00		
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00	↔ Cash/Check		
	B 0.00	↔ Credit Card		
17. All In-Kind Contributions Made This Period	+ 0.00			
18. <b>Total</b> Contributions Made This Period (Sum 16A + 17A)	\$ 0.00			
19. <b>Total All Contributions Made This Election</b> (Sum 15B + 18A)		\$ 0.00		
<b>Other Disbursements</b>	A. This Period	B. This Calendar Yr or Election Cycle		
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 0.00			
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00			
23. <b>Total Other Disbursements This Period</b> (Sum 20A + 21A + 22A)	\$ 0.00			
			<b>Money On Hand</b>	
			24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 1,278.70
			25. Monetary Receipts this Period (From Item 5 - this page)	+ 5,585.00
			26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 4,384.17 b) Disbursements By Cash \$ 0.00	- 4,384.17
			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 2,479.53
			<b>Indebtedness</b>	
			28. Outstanding Indebtedness at the beginning of this period	\$ 100.00
			29. Loans Received This Period	+ 0.00
			30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
			B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
			31. Payments Made on Loans This Period	- 0.00
			32. Debt Forgiven on Loans This Period	- 0.00
			33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
			34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 100.00



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE O J STONE FOR COUNTY COMMISSION COMMITTEE		2. REPORT DATE 7/12/2012	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME: ADDRESS: CITY / STATE: View Supplemental Form(s) EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 3,900.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 3,900.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$ 3,900.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$ 0.00	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 1,685.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 5,585.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 5,585.00	





MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE O J STONE FOR COUNTY COMMISSION COMMITTEE	DATE 7/12/2012
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**INSTRUCTIONS**

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: CHUCK WILSON CITY / STATE: 1715 W WORLEY EMPLOYER: COLUMBIA MO 65203 INSURANCE <input type="checkbox"/> COMMITTEE:	4/20/2012 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: ZOLA FINCH CITY / STATE: 2207 SADDLEBROOKE EMPLOYER: LOHMAN MO 65053 CONSULTING <input type="checkbox"/> COMMITTEE:	4/20/2012 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: LARRY POTTERFIELD CITY / STATE: 8251 W HWY 40 EMPLOYER: COLUMBIA MO 65202 MIDWAY USA <input type="checkbox"/> COMMITTEE:	5/3/2012 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: COLLEEN KLIETHERMES CITY / STATE: 3601 BIRCH RACK CT EMPLOYER: COLUMBIA MO 65203 UNKNOWN <input type="checkbox"/> COMMITTEE:	5/29/2012 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: JENNIFER SULLIVAN CITY / STATE: 16500 N OLD NO 7 EMPLOYER: STURGEON MO 65284 UNKOWN <input type="checkbox"/> COMMITTEE:	5/29/2012 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: DORIS STONE CITY / STATE: 401 W STONE ST EMPLOYER: STURGEON MO 65284 RETIRED <input type="checkbox"/> COMMITTEE:	5/29/2012 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: RICK GOINS CITY / STATE: 1417 JOANN EMPLOYER: COLUMBIA MO 65203 UNKNOWN <input type="checkbox"/> COMMITTEE:	6/4/2012 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: RON FOSTER CITY / STATE: JOHNMEYER LANE EMPLOYER: COLUMBIA MO 65203 UNKNOWN <input type="checkbox"/> COMMITTEE:	6/30/2012 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)





MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE

O J STONE FOR COUNTY COMMISSION COMMITTEE

DATE

7/12/2012

INSTRUCTIONS

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: WARREN BREWER CITY / STATE: 19551 N OLD HWY 63 EMPLOYER: STURGEON MO 65284 BOONE COUNTY <input type="checkbox"/> COMMITTEE:	6/30/2012 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>TOTAL: ITEMIZED CONTRIBUTIONS</b>		<div style="border: 1px solid black; width: 100px; height: 20px; text-align: right;">--</div>
<b>(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)</b>		



**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 Instructions on Reverse Side

Office Use Only

1. Name of Committee O J STONE FOR COUNTY COMMISSION COMMITTEE		2. Report Date 7/12/2012	
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure ADVERTISING			
			105.00
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 105.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 0.00
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 105.00
B. Itemized Expenditures All Over \$100 And All Payments To Campaign Workers		9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)
8. Name and Address of Recipient			11. Amount This Period
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address: View Supplemental Form(s)			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
12. Subtotal: This Page ( Sum Column 11)			\$ 0.00
13. Subtotal: Any Attached Pages			+ 4,279.17
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 4,279.17
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 4,384.17
16. Amount of Line 15 Above which was Paid Out This Period			\$ 4,384.17
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 0.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
C. Contributions Made (Regardless of Amount)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



**MISSOURI ETHICS COMMISSION**  
**ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM**

OFFICE USE ONLY

NAME OF COMMITTEE O J STONE FOR COUNTY COMMISSION COMMITTEE		REPORT DATE 7/12/2012	
<b>ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b>			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: COLUMBIA DAILY TRIBUNE ADDRESS: 101 N 4TH CITY/STATE: COLUMBIA MO 65201	5/17/2012	ADVERTISING \$	\$ <input checked="" type="checkbox"/> PAID 215.40 <input type="checkbox"/> INCURRED
NAME: GENERAL PRINTING ADDRESS: 1910 N PROVIDENCE CITY/STATE: COLUMBIA MO 65202	5/18/2012	ADVERTISING \$	\$ <input checked="" type="checkbox"/> PAID 805.12 <input type="checkbox"/> INCURRED
NAME: BANDANAS BAR B QUE ADDRESS: 1705 N PROVIDENCE CITY/STATE: COLUMBIA MO 65202	5/24/2012	MEET & GREET \$	\$ <input checked="" type="checkbox"/> PAID 178.79 <input type="checkbox"/> INCURRED
NAME: HOOPS UNLIMITED ADDRESS: 1550 N RT J CITY/STATE: ROCHEPORT MO 65279	5/30/2012	ADVERTISING \$	\$ <input checked="" type="checkbox"/> PAID 603.14 <input type="checkbox"/> INCURRED
NAME: FAY & SONS SIGNS ADDRESS: 1510 I-70 COMPLEX CT CITY/STATE: COLUMBIA MO 65202	5/31/2012	ADVERTISING \$	\$ <input checked="" type="checkbox"/> PAID 266.23 <input type="checkbox"/> INCURRED
NAME: BOONE COUNTY FAIR ADDRESS: 5212 OAKLAND GRAVEL RD CITY/STATE: COLUMBIA MO 65202	6/4/2012	ADVERTISING \$	\$ <input checked="" type="checkbox"/> PAID 325.00 <input type="checkbox"/> INCURRED
NAME: HOOPS UNLIMITED ADDRESS: 1550 N RT J CITY/STATE: COLUMBIA MO 65279	6/4/2012	ADVERTISING \$	\$ <input checked="" type="checkbox"/> PAID 241.25 <input type="checkbox"/> INCURRED
NAME: CENTRALIA FIRESIDE GUARD ADDRESS: 123 N ALLEN STREET CITY/STATE: CENTRALIA MO 65240	6/7/2012	ADVERTISING \$	\$ <input checked="" type="checkbox"/> PAID 200.00 <input type="checkbox"/> INCURRED
NAME: BOONE COUNTY FAIR ADDRESS: 5212 OAKLAND GRAVEL RD CITY/STATE: COLUMBIA MO 65202	6/15/2012	ADVERTISING \$	\$ <input checked="" type="checkbox"/> PAID 360.00 <input type="checkbox"/> INCURRED
NAME: FAY & SONS SIGNS ADDRESS: 1510 I-70 COMPLEX CT CITY/STATE: COLUMBIA MO 65202	6/22/2012	ADVERTISING \$	\$ <input checked="" type="checkbox"/> PAID 1,084.24 <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
<b>TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b> (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C121157

1. DATE OF REPORT  7/31/2012	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE O J STONE FOR COUNTY COMMISSION COMMITTEE	
3. COMMITTEE MAILING ADDRESS 5210 EAST ST CHARLES ROAD CITY / STATE / ZIP COLUMBIA MO 65201	4. COMMITTEE TELEPHONE NUMBER  (573) 881-1200
5. TREASURER'S NAME JIM BECK	
6. TREASURER'S MAILING ADDRESS 2310 FORUM BLVD CITY / STATE / ZIP COLUMBIA MO 65203	7. TREASURER'S TELEPHONE NUMBER HOME:  WORK: (573) 446-2700
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS  CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME:  WORK:
11. DATE OF ELECTION 8/7/2012	12. TYPE OF ELECTION ( CHECK ONE ) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 7/1/2012 THROUGH 7/26/2012	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY  O J STONE 5210 EAST ST CHARLES ROAD  COLUMBIA MO 65201  (573) 881-1200  COMMISSIONER  BOONE COUNTY  <input type="checkbox"/> CHECK IF INCUMBENT  <input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input checked="" type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.  ELECTRONICALLY FILED Jul 31 2012 9:03AM _____ TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEES ONLY )  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.  ELECTRONICALLY FILED Jul 31 2012 9:03AM _____ CANDIDATE'S SIGNATURE



# Missouri Ethics Commission

## REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
O J STONE FOR COUNTY COMMISSION COMMITTEE	7/31/2012	

Receipts	A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported		\$ 6,885.00		
2. All Monetary Contributions Received This Period	\$ 300.00			
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 0.00			
5. <b>Subtotal</b> Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 300.00			
6. In-kind Contributions Received This Period	+ 0.00			
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 300.00			
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 7,185.00		
<b>Expenditures</b>	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 4,405.47		
10. Expenditures made by cash or check this period	\$ 2,716.11			
11. In-Kind Expenditures made this period	+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00			
13. <b>Total</b> All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 2,716.11			
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 7,121.58		
<b>Contributions Made</b>	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 0.00		
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00	← Cash/Check		
	B 0.00	← Credit Card		
17. All In-Kind Contributions Made This Period	+ 0.00			
18. <b>Total</b> Contributions Made This Period (Sum 16A + 17A)	\$ 0.00			
19. <b>Total All Contributions Made This Election</b> (Sum 15B + 18A)		\$ 0.00		
<b>Other Disbursements</b>	A. This Period	B. This Calendar Yr or Election Cycle		
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 0.00			
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00			
23. <b>Total Other Disbursements This Period</b> (Sum 20A + 21A + 22A)	\$ 0.00			
			<b>Money On Hand</b>	
			24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 2,479.53
			25. Monetary Receipts this Period (From Item 5 - this page)	+ 300.00
			26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 2,716.11 b) Disbursements By Cash \$ 0.00	- 2,716.11
			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 63.42
			<b>Indebtedness</b>	
			28. Outstanding Indebtedness at the beginning of this period	\$ 100.00
			29. Loans Received This Period	+ 0.00
			30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
			B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
			31. Payments Made on Loans This Period	- 0.00
			32. Debt Forgiven on Loans This Period	- 0.00
			33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
			34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 100.00



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE O J STONE FOR COUNTY COMMISSION COMMITTEE		2. REPORT DATE 7/31/2012	
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: CHARLENE BRITTAIN CITY / STATE: 9701 E HWY AB EMPLOYER: COLUMBIA MO 65201 <input type="checkbox"/> COMMITTEE: RETIRED		7/12/2012 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 200.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 0.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 200.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$ 200.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$ 0.00	
<b>B. NON-ITEMIZED CONTRIBUTIONS RECEIVED</b> (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 100.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
<b>C. LOANS RECEIVED</b>			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 300.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 300.00	



**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 Instructions on Reverse Side

Office Use Only

1. Name of Committee O J STONE FOR COUNTY COMMISSION COMMITTEE		2. Report Date 7/31/2012	
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure ADVERTISING			
			80.00
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 80.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 0.00
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 80.00
B. Itemized Expenditures All Over \$100 And All Payments To Campaign Workers		9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)
8. Name and Address of Recipient			11. Amount This Period
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address: View Supplemental Form(s)			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
12. Subtotal: This Page ( Sum Column 11)			\$ 0.00
13. Subtotal: Any Attached Pages			+ 2,636.11
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 2,636.11
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 2,716.11
16. Amount of Line 15 Above which was Paid Out This Period			\$ 2,716.11
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 0.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
C. Contributions Made (Regardless of Amount)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			\$
Name:			<input type="checkbox"/> Monetary
Address:			<input type="checkbox"/> In-Kind
City / State:			
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00





MISSOURI ETHICS COMMISSION  
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE O J STONE FOR COUNTY COMMISSION COMMITTEE		REPORT DATE 7/31/2012	
<b>ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b>			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: HOOPS UNLIMITED ADDRESS: 1550 N RT J CITY/STATE: COLUMBIA MO 65202	7/3/2012	ADVERTISING \$	\$ <input checked="" type="checkbox"/> PAID 796.87 <input type="checkbox"/> INCURRED
NAME: COLUMBIA DAILY TRIBUNE ADDRESS: 101 N 4TH CITY/STATE: COLUMBIA MO 65201	7/9/2012	ADVERTISING \$	\$ <input checked="" type="checkbox"/> PAID 325.00 <input type="checkbox"/> INCURRED
NAME: FAY & SONS SIGNS ADDRESS: 1510 I-70 COMPLEX CT CITY/STATE: COLUMBIA MO 65202	7/12/2012	ADVERTISING \$	\$ <input checked="" type="checkbox"/> PAID 1,084.24 <input type="checkbox"/> INCURRED
NAME: BOONE COUNTY FAIR ADDRESS: 5212 OAKLAND GRAVEL RD CITY/STATE: COLUMBIA MO 65202	7/24/2012	INSURANCE \$	\$ <input checked="" type="checkbox"/> PAID 200.00 <input type="checkbox"/> INCURRED
NAME: BOONE COUNTY FAIR ADDRESS: 5212 OAKLAND GRAVEL RD CITY/STATE: COLUMBIA MO 65202	7/24/2012	ADVERTISING \$	\$ <input checked="" type="checkbox"/> PAID 120.00 <input type="checkbox"/> INCURRED
NAME: NAACP ADDRESS: 211 PARK DEVILLE CITY/STATE: COLUMBIA MO 65203	7/24/2012	ADVERTISING \$	\$ <input checked="" type="checkbox"/> PAID 110.00 <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --



MISSOURI ETHICS COMMISSION  
24 HOUR NOTICE OF LATE CONTRIBUTIONS / LOANS RECEIVED

P.O. BOX 1254  
JEFFERSON CITY, MO 65102  
(800) 392-8660  
(573) 526-4506 (FAX)  
www.mec.mo.gov

M.E.C. ID NO. C121157

This form may be used to report the receipt of any late contribution or loan of more than \$250 received within 11 days of the election pursuant to Section 130.050.3 RSMo. Information provided on this form is merely a notice as required.

1. STATEMENT DATE		<b>PLEASE NOTE: Any late contribution or loan reported must also be <u>included</u> in subsequent committee disclosure reports.</b>	
2. FULL NAME OF COMMITTEE O J STONE FOR COUNTY COMMISSION COMMITTEE			
ADDRESS OF COMMITTEE ADDRESS: 5210 EAST ST CHARLES ROAD CITY / STATE / ZIP: COLUMBIA MO 65201			
3. NAME OF CANDIDATE O J STONE		4. OFFICE SOUGHT COMMISSIONER	
FULL NAME: DORIS STONE ADDRESS: 403 W STONE ST CITY / STATE / ZIP: STURGEON, MO 65284		DATE RECEIVED 7/30/2012	AMOUNT 1,000.00
FULL NAME: ADDRESS: CITY / STATE / ZIP:		DATE RECEIVED	AMOUNT
FULL NAME: ADDRESS: CITY / STATE / ZIP:		DATE RECEIVED	AMOUNT
FULL NAME: ADDRESS: CITY / STATE / ZIP:		DATE RECEIVED	AMOUNT
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